Attorney Docket: P1916C/526C

CERTIFICATE OF MAIL

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Knny Nguyen ()

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: July 1, 2005

Thomas E. DOWDY

Confirmation No.: 1243

Serial No.: 10/816,556

Group Art Unit: 2676

Filed: April 1, 2004

Examiner: Rahmjoo, Manucher

For:

TRANSPARENT COMPATIBILITY AND ADAPTATION TO DIFFERING

FORMAT IMPLEMENTATIONS IN A COMPUTER SYSTEM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

JUL 0 5 2005

In response to the Office Action dated April 4, 2005, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Filed: April 1, 2004

Fal No: 10/816,556

Group Art Unit: 2676

Examiner: Rahmjoo, Manucher

For: Transparent Compatibility and Adaptation to Differing Format Implementations in a Computer System

ENCLOSURES (check all that apply)										
	Amendment/Reply				Assignment and Recordation Cover Sheet			After Allowance Communication to Group		
	After Final				Part B-Issue Fee Transmittal			Notice of Appeal		
	Information disclosure statement				Letter to Draftsman			Appeal Brief		
	For	Form 1449			Drawings			Status Letter		
	(X) Copies of References				Petition			Postcard		
	Extension of Time Request *				Fee Address Indication Form			Other Enclosure(s) (please identify below):		
	Express Abandonment				Terminal Disclaimer					
	Certified Copy of Priority Doc				Power of Attorney and Revocation of Prior Powers					
	Response to Incomplete Appln				Change of Correspondence Address					
	Response	to Miss	ing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the						
	Executed Declaration by Inventor(s)			Commissioner to extend the time for response for xxxxxx month(s), from to .						
CLAIMS FOR Claims Remaining Highest # of Claims Extra Claims RATE FEE										
			After Amendment		Previously Paid For	Extra Claims		RATE	FEE	
	Claims		20		20 0			\$ 50.00	\$ 0.00	
Independent Claims					4	4 0		\$200.00	\$ 0.00	
Total Fees \$ 0.00 METHOD OF PAYMENT										
	Check no in the amount of \$ is enclosed for payment of fees.									
	Charge \$ to Deposit Account No (Account Holder Name) for payment of fees.									
	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Attorney Name Michele Liu, Reg. No. 44,875										
Signature /Michele Liu/ Reg. N					,875					
Date July 1, 2005										
CERTIFICATE OF MAILING										
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